

**STATE OF ALASKA DECLARATION OF CANDIDACY
STATE SENATOR or STATE REPRESENTATIVE**

Please check: ☐ My **\$30 filing fee** accompanies this Declaration of Candidacy

Please check one: My **Financial Disclosure Statement** is (1) ☐ Enclosed **OR** (2) ☐ On file with the Alaska Public Offices Commission. **NOTE:** Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure they have a current *Public Officials (Non-incumbents) or Legislative (Incumbents) Financial Disclosure Statement* on file.

GENERAL INFORMATION (Please print or type)

I, _____, am a qualified voter and declare myself to be a resident of Alaska and of the District for which I declare my candidacy for the office of (check one and write the district race):

☐ **STATE SENATOR** for District _____ - or - ☐ **STATE REPRESENTATIVE** for District _____

I request that my name be placed on the **August 24, 2010 Primary Election** ballot. I am registered under and am a candidate of the _____ political party.

RESIDENCY INFORMATION

My current Alaska residence address is: _____, AK _____.
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since ____/____/____. Previous address if you have lived at your current address less than one year:
(MM / DD / YY)

_____, AK _____.
(Previous Residence Address) (City) (Zip)

I have been a resident of Alaska since ____/____/____, and a resident of the Election District filed for since ____/____/____.
(MM / DD / YY) (MM / DD / YY)

My mailing address is: _____, _____, _____, _____.
(Mailing Address) (City) (State) (Zip)

Mailing address and phone number for correspondence and the Division of Elections' web site listing:

_____, _____, _____, _____, _____.
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

I request that my name appear on the ballot in the following manner:

_____, _____, _____, _____.
(Last Name) (First Name) (MI) (*Nickname and/or Suffix)

*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

CERTIFICATION

I, the undersigned, certify that the information in this *Declaration of Candidacy* is true and complete, and that I meet the specific residency and citizenship requirements of this office. If I am filing for State Representative, I further certify that I shall be at least 21 years of age on the first scheduled day of the first regular session of the legislature convened after the election. If I am filing for State Senate, I further certify that I shall be at least 25 years of age on the first scheduled day of the first regular session of the legislature convened after the election. I am not a candidate for any other office to be voted upon at the Primary election, nor am I a candidate for this office under any other *Declaration of Candidacy* or *Nominating Petition*. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days before the election.

Subscribed and sworn to before me this

_____ day of _____, 20_____.

(Candidate's Signature)

(Signature of Notary Public)

(Home Phone)

(Work Phone)

My commission expires: _____

To assist staff in verifying candidate/voter identification, please provide one of the following:

SSN, ADL, Voter # or DOB _____

NOTARY SEAL